

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |  |   |
|---|--|--|--|---|
| The C/OH Instruction Guide explains how to complete this form.  |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00088310 | 2 Total pages filed:<br>5  |   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>Mrs.  | FIRST<br>Sarah K.                                    | MI<br>MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>03/21/2025 |
|   | NICKNAME   | LAST<br>Smith  | SUFFIX   |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>16231 Charterstone Drive<br><br>Houston, TX 77070   |  |  | Date Hand-delivered or Date Postmarked  |
|   |  |  |  | Receipt # Amount  |
|   |  |  |  | Date Processed  |
|   |  |  |  | Date Imaged   |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mrs.  | FIRST<br>Sarah K.                                    | MI<br>MI   |   |
|   | NICKNAME   | LAST<br>Smith  | SUFFIX   |   |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>16231 Charterstone Drive<br><br>Houston, TX 77070   |  |  |   |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(832) 560-7063   |  |  |   |
| 8 REPORT<br>TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |  |  |   |
| 9 PERIOD<br>COVERED   | Month Day Year    Month Day Year<br>10/27/2024    THROUGH    12/31/2024  |  |  |   |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>11/05/2024  |  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
|   |  |  |  |   |
| 11 OFFICE   | OFFICE HELD (if any)<br>None Harris  |  | 12 OFFICE SOUGHT (if known)<br>State Representative District 126   |   |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 5

|  |   |
|--|---|
| <b>13 C / OH NAME</b> Smith, Sarah K. (Mrs.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088310 |
|--|---|

|   |  |   |  |
|---|--|---|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |  |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b>                       |  |
|   |  | <b>COMMITTEE ADDRESS</b>                    |  |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |  |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |

|                                  |   |    |      |
|----------------------------------|---|----|------|
| <b>16 CONTRIBUTION TOTALS</b>    | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
|                                  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 0.00 |
| -----<br>EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00 |
|                                  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 0.00 |
| -----<br>CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00 |
| -----<br>OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00 |

|  |  |  |
|--|--|--|
| <b>17 AFFIDAVIT</b>  |  |  |
| <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p><br><br><div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;">             Mrs. Sarah K. Smith<br/>             _____<br/>             Signature of Candidate or Officeholder           </div> </div><br><br><p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p><br><br><div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> <span>Signature of officer administering</span> <span>Printed name of officer administering</span> <span>Title of officer administering oath</span> </div> |  |  |

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

3 of 5

|  |   |                                |                            |
|--|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Smith, Sarah K. (Mrs.)   |   | <b>19 Filer ID</b><br>00088310 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   |                                | SUBTOTAL AMOUNT            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                             | 0.00                       |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                             | 0.00                       |
| 3.   | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$                             | 0.00                       |
| 4.   | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$                             | 0.00                       |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 0.00                       |
| 6.   | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$                             | 0.00                       |
| 7.   | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$                             | 0.00                       |
| 8.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$                             | 0.00                       |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 0.00                       |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                             |                            |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                             |                            |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             |                            |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/5

2 FILER NAME

Smith, Sarah K. (Mrs.)

3 Filer ID (Ethics Commission Filers)

00088310

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 5/5

2 FILER NAME  
Smith, Sarah K. (Mrs.)

3 Filer ID (Ethics Commission Filers)  
00088310

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
☐ None

15 Check if personal funds were deposited into political account  
(See Instructions)  
☐

16 GUARANTOR  
INFORMATION

☐ not applicable

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)